

Case Number:	CM14-0203607		
Date Assigned:	12/16/2014	Date of Injury:	08/28/2012
Decision Date:	02/06/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	12/05/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 42 year old patient with date of injury of 08/28/2012. Medical records indicate the patient is undergoing treatment for chronic pain syndrome, narcotic dependence, irritable bowel syndrome, post-traumatic stress disorder, somatization disorder secondary to narcotic use, major depression secondary to narcotic use and anxiety. Subjective complaints include gastroparesis, chills, disturbed sleep and loss of appetite. Objective findings include gait instability, muscular/skeletal weakness, multiple pain systemic spasms, physiologic short leg syndrome with severe sacroillitis and sciatica. Treatment has consisted of functional restoration program, multidisciplinary program, heel lift, osteopathic manipulation, acupuncture, massage therapy, yoga, use of cane, Risperidone, Meloxicam, Omeprazole, Loratadine, Docusate, Simvastatin, Advil PM and Milk of Magnesia. The utilization review determination was rendered on 11/06/2014 recommending non-certification of 30 day multidisciplinary program.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

30 day multidisciplinary program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain program Page(s): 30-34. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Chronic Pain Programs.

Decision rationale: MTUS states regarding Chronic Pain Programs, Criteria for the general use of multidisciplinary pain management programs: Outpatient pain rehabilitation programs may be considered medically necessary when all of the following criteria are met: (1) An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; (2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) The patient has a significant loss of ability to function independently resulting from the chronic pain; (4) The patient is not a candidate where surgery or other treatments would clearly be warranted (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided); (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & (6) Negative predictors of success above have been addressed." Medical documentation indicates this patient has already been approved for at least 14 days of a multidisciplinary program as well as a functional rehabilitation program. Treatment notes provided indicate that this patient is currently off all narcotics. The treating physician has not detailed why this patient requires additional inpatient treatment. As such, the request for 30 day multidisciplinary program is not medically necessary.